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FACILITY READINESS ASSESSMENT FOR THE EXPANSION OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV SERVICES IN PRIVATE HEALTH FACILITIES

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral Treatment
ARVs	Antiretroviral Drugs
ESOG	Ethiopian Society of Obstetricians and Gynecologists
FMOH	Federal Ministry of Health
Ob/gyn	Gynecology and Obstetrics
HIV	Human Immunodeficiency Virus
HCT	HIV Counseling and Testing
MCH	Maternal and Child Health
NGO	Nongovernmental Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PHSP	Private Health Sector Program
PICT	Provider Initiated Counseling and Testing
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PPM DOTs	Public-Private Mix, Directly Observed Treatment, Short course
RHB	Regional Health Bureau
SNNP	Southern Nations, Nationalities and Peoples
STI	Sexually Transmitted Infection
TB	Tuberculosis
THO	Town Health Office
USAID	United States Agency for International Development
WHO	World Health Organization

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EXECUTIVE SUMMARY

Programs to prevent HIV infection in infants and young children are a rallying point for enhanced care for women and children and an opportunity to strengthen related health systems. Ethiopia's Federal Ministry of Health (FMOH) has developed a plan for improving coverage and quality of prevention of mother-to-child transmission (PMTCT) of HIV services. One of the plan's roll-out strategies is to engage and actively work with privately owned and NGO-owned PMTCT clinic and facilities.

The Private Health Sector Program (PHSP), funded by the President's Emergency Plan for Emergency AIDS Relief (PEPFAR) through the United States Agency for International Development's (USAID), supports and works with 289 health facilities in five regions (Amhara, Harari, Oromia, Southern Nations, Nationalities and Peoples, and Tigray) and two city administrations (Addis Ababa and Dire Dawa). The PHSP strategy and implementation proposed plan for integrated PMTCT services is to initiate services in 12 private facilities in the first year (2010) and scale up to a total of 50 health facilities in five regions and the two administrative cities over a five-year period. Indeed, in April 2010, PMTCT intervention began in 13 health facilities, in Addis Ababa.

PMTCT facility readiness assessments to identify additional facilities were conducted from May 2012 to June 2012 in all five PHSP-assisted regions. The assessment used a standardized semi-structured checklist to identify potentially eligible private higher/specialized maternal and child health clinics and NGO clinics for the expansion of integrated PMTCT service provision.

The availability of integrated HIV care and support services was assessed and used as a minimal selection criterion. Other criteria were availability of trained human resources to initiate the PMTCT services, readiness and willingness of the private health facilities to allocate resources important for the initiation of the services, and facility infrastructure (number of rooms for antenatal care, delivery services, and laboratory services).

The facility readiness assessment looked at a total of 165 private and NGO clinics; 97 of them were found to fulfill the criteria and therefore were selected to provide services with PHSP assistance. This number raises the total of facilities receiving PHSP support for PMTCT to 113 in five regions and the two city administrations.

I. INTRODUCTION

The Private Health Sector Program (PHSP), a United States Agency for International Development (USAID) initiated and funded project, aims to support Ethiopia's Federal Ministry of Health (FMOH) and regional health bureaus (RHBs) in making the private health sector an indispensable component of the national health care delivery system. This public-private partnership continues to improve geographic and financial access of acceptable standards to a well-informed public, with regard to tuberculosis (TB), comprehensive HIV care, family planning, sexually transmitted infections (STI), and malaria services. The partnership also works toward establishing an enabling policy environment that will foster patient-centered collaboration and integration of services.

The prevention of HIV infection in infants and young children is an evolving area from both a scientific and programmatic standpoint. Programs to prevent HIV infection in infants and young children are a rallying point for enhancing care for women and children and an opportunity to strengthen related health systems.

Mother-to-child HIV transmission accounts for the vast majority of the 700,000 estimated new HIV infections in children worldwide annually. Every day over 1,700 infants become infected with HIV, with 90 percent of these new infections acquired through mother-to-child transmission. Without the proper intervention, HIV-infected mothers have a 35–40 percent overall risk of transmitting HIV to their child during pregnancy, delivery, and breastfeeding ¹). Prevention of mother-to-child transmission (PMTCT) is one of the most powerful HIV prevention measures that exist. It combines prevention with care and treatment for both mother and child. It has potential to improve the mother's own health and to reduce the risk of mother-to child HIV transmission to five percent or less. Comprehensive PMTCT programs have nearly eliminated mother-to-child transmission in developed countries. However, in resource-limited settings, progress has been slow.

In recent years, discussions about international health policy have paid attention to the role of the private health sector. Many governments and other local stakeholders, as well as international development institutions, realize that if the global community is to achieve the Millennium Development Goals of reducing child and maternal mortality, all relevant actors, public and private, must be involved. In developing countries, the private sector has a strong presence at the primary care level and is a frequent source of diagnosis and/or treatment.

In Ethiopia, 25 percent of the nation's general practitioners and 23 percent of its specialists work in the private health sector. The sector is self-sustaining and thus independent of government financial support, and private health facilities help to extend the reach of health services by increasing the number of service delivery points. The sector is also often perceived as offering better quality services and greater confidentiality. Using private health providers to deliver the services of public health programs could significantly expand access to maternal and child health (MCH) services such as antenatal care (ANC), and labor and delivery, postnatal care (PNC), and PMTCT, as well as to services related to other public health priorities. However, there needs to be more systematic efforts to identify ways of ensuring that increased private sector engagement will translate into improved health outcomes.

¹ Antiretroviral therapy of HIV infection in infants and children in resource-limited settings: towards universal access. Geneva, World Health Organization, 2006

1.1 RATIONALE FOR SITE EXPANSION

Ethiopia's accelerated emergency PMTCT plan launched in December 2011, has three objectives: reaching 90 percent of pregnant women with access to ANC services; ensuring that pregnant women have access to a skilled attendant during delivery; and providing antiretroviral (ARVs) drugs to at least 80 percent of HIV-positive pregnant women²

The FMOH has developed a plan for improving coverage and quality of PMTCT services. One of the plan's roll-out strategies is to engage and actively work with privately owned and NGO-owned PMTCT clinic and facilities.

PHSP is working with 289 health facilities in five regions (Amhara, Harari, Oromia, Southern Nations, Nationalities and Peoples [SNNP], and Tigray) and two city administrations (Addis Ababa and Dire Dawa). PMTCT is one of its interventions. The PHSP strategy and implementation plan for integrated PMTCT service provision proposed to initiate the services in 12 private facilities in the first year (2010) and scale up to a total of 50 health facilities in five regions and the two administrative cities over a five-year period. Indeed, in April 2010, the PMTCT intervention began in 13 health facilities in Addis Ababa. To choose the additional facilities, this facility readiness assessment was included in the PHSP annual work plan for October 2010–September 2011.

1.2 ASSESSMENT OBJECTIVE

The overall objective of the assessment was to identify private higher/specialized maternal and child health (MCH) clinics and NGO clinics eligible to participate in the expansion of integrated PMTCT service in the PHSP-assisted regions and city administrations. The facility selection criteria were the following:

- Availability of trained human resources to initiate the PMTCT services
- Readiness and willingness of the private health facilities to allocate resources for the initiation of the services
- Facility infrastructure such as number of rooms for ANC, delivery services, and laboratory services
- Availability of integrated HIV care and support services

² Accelerated plan for Scaling Up Prevention of Mother to child Transmission (PMTCT) Services in Ethiopia , FMOH,2012

2. METHODS

2.1 SURVEY AREA

This private health facility readiness assessment was conducted in April and May 2012 in Addis Ababa and Dire Dawa City Administrations and the regions of Amhara, Oromia, Tigray, Harari and SNNP. (Annex A contains a list of facilities and shows and selection criteria for PHSP PMTCT support.)

- **Addis Ababa:** The capital city of Ethiopia serves as the social, political, and economic center of the country. It is located at the geographical center of the country and covers a landmass of 540km². Currently PHSP supports 78 private facilities there: 67 provide HIV counseling and testing (HCT); 34 provide Public Private Mix Directly Observed Treatment Short-course (PPM DOTS) for TB; 18 provide PMTCT; 13 provide family planning; and six provide comprehensive HIV care services.
- **Amhara:** Amhara, in northwest Ethiopia, covers nearly 160,000km², 13 percent of Ethiopia's total area. Currently PHSP supports 68 health facilities, 17 drug outlets, and 14 lower clinics; 40 provide HCT; 65 provide PPM DOTS; five provide antiretroviral treatment (ART); and 19 have recently been selected to provide malaria services.
- **Oromia:** This region is the largest of Ethiopia's nine regions in terms of both area and population. It's 362,007 km² cover approximately one third of the total area of the country. Currently PHSP supports 79 functional PPM DOTS and HCT facilities and 25 facilities that provide family planning services.
- **Tigray:** Currently PHSP supports 56 private facilities: 19 provide malaria diagnosis and treatment services; 14 provide PPM DOTS, 3 provide PMTCT, 18 provide family planning and sexually transmitted infection (STI) services, and 2 provide comprehensive HIV care.
- **SNNP:** Currently PHSP supports 47 private health facilities: 26 provide PPM DOTS; 20 provide malaria diagnosis and treatment; and 20 provide family planning services.
- **Dire Dawa and Harari:** PHSP supports a total of 12 facilities in Dire Dawa City Administration (11 provide PPM DOTS and 11 provide family planning services) and six facilities in Harari Region (four provide PPM DOTS; four provide family planning services and two provide ART).

2.2 ASSESSMENT DATA COLLECTION

The facility readiness assessment was conducted by teams composed of PHSP program officer, a focal person from the respective Regional Health Bureau (RHB) working at the MCH unit, and sub-city health office MCH experts. Data were collected using a structured questionnaire and check list (Annex B). The following information was collected from the health facilities:

- Background information such as the date the facility initiated service delivery, its location, its level, and the professional background of its owner
- Human resources working there (full- or part-time)
- Services delivered
- Infrastructure including rooms for ANC/PMTCT service delivery
- Average number of clients for each service unit per year and quarter (ANC, HCT, and family planning)

- Facility reporting on health activities and supportive supervision-related information
- Facility commitment and willingness to participate in the national TB/HIV program

2.3 SELECTION CRITERIA FOR PMTCT SITE EXPANSION

The following indicators were used to select health facilities for the provision of PMTCT:

1. Human resources: The facility must employ one of the following health professionals: gynecologist/obstetrician (Ob/gyn specialist, general practitioner, clinical nurse, or health officer).
2. Infrastructure: The facility must have a room that protects patient confidentiality for use for antenatal care (ANC) and PMTCT adherence counseling.
3. HIV-related service delivery: The facility must offer HCT, either voluntary counseling and testing (VCT) or provider-initiated counseling and testing (PICT).
4. Other service delivery: The facility must offer services such as ANC, labor and delivery, postnatal care (PNC), and family planning; delivery of TB/HIV or PPM DOTS services is a plus.
5. Willingness to provide PMTCT services: Facility owners must be willing to provide the services; this includes commitment to send their professionals for training.
6. The following characteristics are an additional value for site selection: space for ARV storage and dispensing, steady supply of water and electricity, a supply and logistics management system.

3. RESULTS AND DISCUSSION

3.1 OVERVIEW OF FACILITY ASSESSMENT AND SELECTION

In collaboration with RHBs and Town Health Offices (THOs), PHSP staff assessed 165 health facilities in five regions and two city administrations. The geographic distribution of the facilities assessed and selected is shown in the following table .

TABLE 1: NUMBER OF HEALTH FACILITIES ASSESSED AND SELECTED FOR PMTCT EXPANSION, BY REGION, JUNE 2012

Region	No (%) Facilities Assessed	No (%) Facilities Selected
Addis Ababa City	13 (8)	7 (7)
Oromia	77 (47)	41 (42)
Amhara	38 (23)	25 (26)
Tigray	10 (6)	10 (10)
SNNP	20 (12)	12 (12)
Dire Dawa City ,	4 (2)	1 (1)
Harari Region	3 (2)	1 (1)
Total	165 (100)	97 (59)

3.2 HUMAN RESOURCES, SERVICES, AND INFRASTRUCTURE

The availability of human resources such as physicians, nurses and laboratory technicians are critical to initiate the PMTCT services. The presence of services such as ANC care with adequate client flows, laboratory services such as HCT, PICT and other, (labor and delivery services , Post natal care , family planning) which as are a plus for a strong PMTCT services at a facility .

Infrastructure at private facilities such as availability of electricity and tap water are also important for initiation of the services .The following section discuss some of the assessment findings focusing on human resources ,availability of services and infrastructure by regions and city administrations (see Tables 2, 3, and 4, which appear below). The findings allowed the assessment teams to select facilities for PMTCT support and to identify facilities that were close to fulfilling selection criteria.

3.2.1 ADDIS ABABA CITY ADMINISTRATION

Of the 13 health facilities assessed in Addis Ababa, 12 have clinical nurses, nine have a general practitioner, and six have a ob/gyn specialist working as full- or part-time staff. All have a medical outpatient department; 10 of them have a VCT clinic; and 9 provide ANC services. A majority of them offer family planning, labor and delivery, and PNC services and have the required infrastructure, such as rooms for PMTCT adherence counseling and space for ARV storage. Seven out of 13 facilities (54%) were found to fulfill the minimum criteria for PMTCT service provision and selected for enrollment. The remaining expressed interest in participating and they fulfilled some of the requirements; however, their client flow is very low and number of ANC clients seen in a quarter is almost zero. One facility (Selam Children's) was selected on the basis of its potential despite it not having offered ANC services.

3.2.2 AMHARA REGION

The assessment was conducted in 38 health facilities. Only one has a full-time ob/gyn specialist. Eight have a full-time general practitioner and 20 have a full-time health officer. All 38 have clinical nurses and laboratory workers. All also have a medical outpatient department and ANC clinic and 27 (71 percent) have private ANC rooms for clients. A total of 32 facilities (84 %) have rooms for PMTCT adherence counseling and 30 (79%) have space to stock /dispense ARV and a storage cabinet in which to keep the drugs. Out of 38, a total of 25 facilities (68%) were selected for provision of PMTCT services.

3.2.3 OROMIA REGION

In Oromia, 77 facilities were assessed. The facility staffing profiles showed that five facilities have a ob/gyn specialist working full time, and 11 facilities have a specialist working part time. Forty-nine have full-time practitioners and 36 have part-time ones. All facilities have clinical nurses and laboratory professionals. Numbers of other staff cadres are shown in Table 2. Fifty-one offer TB DOTS; 44 offer TB/HIV services; 68 offer STI diagnosis and treatment; 48 offer PICT; and 52 offers ANC. A total of 53 facilities have rooms for PMTCT adherence counseling. A total of 52 facilities have lockable shelves for patient files. Almost all (76 facilities) have adequate space for storage and dispensing the ARVs. Out of 77 assessed (53 %) or 41 of them were found to fulfill the criteria for PMTCT service provision and selected for enrollment.

3.2.4 SOUTHERN NATIONS, NATIONALITIES, AND PEOPLES REGION

In SNNP, 20 facilities in seven zones were assessed. Three facilities have a full-time Ob/gyn specialist and three have a part-time specialist. Fourteen have full-time general practitioners; all have clinical nurses and laboratory personnel; and nine have health officers. All facilities have a medical outpatient department and TB/HIV, ANC, and family planning services were available.

Nineteen facilities have an ANC room that protects client privacy and confidentiality, and 18 also have rooms for PMTCT adherence counseling. All of the facilities have space available for stocking /dispensing ARVs and a storage cabinet for the drugs. Based on the selection criteria, a total of 12 health facilities (60 percent), in which nine of them private and three NGO facilities, were selected to provide PMTCT services.

3.2.5 TIGRAY REGION

In Tigray, 10 facilities were assessed and all (100 percent) were selected to provide PMTCT services. All have clinical nurses and laboratory workers, and nine facilities have a physician working in the clinic. All of them have a medical outpatient department; have a PICT and VCT clinic; and provide ANC services. The ANC clinic is well situated and protects the visual and auditory privacy of the client. All have a place to store ARVs.

3.2.6 DIRE DAWA CITY ADMINISTRATION

Three private health facilities and one NGO clinic were assessed. All four facilities were found to fulfill the minimum requirements to provide PMTCT services. The three private facilities are working with (Ethiopian Society Obstetrics and Gynecologist); to avoid duplication of support efforts, PHSP did not select those facilities. It did, however, enroll the NGO clinic .

3.2.7 HARARI REGION

In Harari, two private health facilities and one NGO clinic were assessed. All three facilities were found to fulfill the minimum requirements to provide PMTCT services but the private facilities are working with the Ethiopian Society of Obstetricians and Gynecologists (ESOG) Ethiopia. Further consideration of PHSP working with these facilities is needed. The program did, however, enroll the NGO clinic.

TABLE 2: FULL-TIME HEALTH PROFESSIONALS AT FACILITIES ASSESSED, BY REGION AND CADRE, MAY 2012

Cadre	No. of Facilities by Region				
	Addis Ababa N=13	Amhara N=38	Oromia N=77	SNNPR N=20	Tigray N=10
Ob/gyn	4	1	5	3	0
General practitioner	11	8	49	14	9
Midwife	4	2	9	7	NA
Clinical nurse	13	29	79	20	10
Pharmacist	NA	3	31	7	NA
Health assistants	NA	1	17	2	NA
Lab professional	NA	29	79	7	10
Health officer	7	20	29	9	1
X-Ray tech	NA	2	34	5	NA

TABLE 3: SERVICES AVAILABLE AT FACILITIES ASSESSED, BY REGION, JULY 2012

no	Service	No. of Facilities by Region				
		Addis Ababa N=13	Amhara N=38	Oromia N=77	SNNPR N=20	Tigray N=10
1	Medical outpatient dept.	13	38	58	20	10
2	TB/DOTS	5	20	48	8	NA
3	TB/HIV	NA	26	44	20	NA
4	STI Dx/RX	NA	32	51	14	NA
5	PICT	NA	26	46	19	NA
6	VCT	11	25	41	17	10
7	Under 5 clinic	NA	8	25	3	NA
8	Immunization	NA	3	22	4	NA
9	ANC	10	38	38	20	10
10	Labor and delivery	7	26	42	10	5
11	PNC	7	23	26	7	10
12	Family planning	8	34	44	20	7
13	Laboratory services	10	38	58	19	10

TABLE 4: INFRASTRUCTURE AVAILABLE AT FACILITIES ASSESSED, BY REGION, JULY 2012

no	Infrastructure	No. of Facilities by Region				
		Addis Ababa N=13	Amhara N=38	Oromia N=77	SNNPR N=20	Tigray N=10
1	ANC room with privacy	10	27	26	19	10
2	Room for PMTCT adherence counseling	10	26	36	18	NA
3	Water supply	13	28	45	20	NA
4	Electricity supply	13	10	29	15	NA
5	Incinerator working		NA	50	NA	NA
6	Lockable shelf for file	10	5	37	1	NA
7	Adequate lab supply	10	NA	56	NA	10
8	Space available to stock /dispense ARVs	Na	28	59	20	10
9	Storage cabinet for ARVs	Na	28	59	20	10

Note: Dire Dawa and Harari Region were intentionally omitted.

4. CONCLUSION AND RECOMMENDATION

4.1 SUMMARY OF FINDINGS

PHSP in collaboration with RHBs and THOs assessed a total of 165 health facilities for PMTCT services expansion in five regions and two city administrations. Ninety-seven of the facilities were enrolled for potential PHSP support because they met the selection criteria for PMTCT provision: availability of staff (physicians or nurse /midwife or health officers), presence of ANC services with adequate client flow, availability of HCT, rooms for PMTCT adherence counseling, storage area for ARVs, and willingness to support the PMTCT services.

As noted in the findings chapter, in Oromia, 77 facilities were assessed and 41 of them (43 percent) selected. However, 12 other facilities have health workers (physicians, nurses, or health officers) who would be able to provide PMTCT services if given formal training on the national PMTCT curriculum; in addition, these 12 facilities were willing to support the PMTCT service delivery and 10 of them have space for storing ARVs. This shows that with minimal inputs from the RHB and PHSP – strong advocacy for the community to seek ANC services from the clinics, provision of HCT, and minor renovation of the available rooms for PMTCT adherence counseling – the number of supported PMTCT sites might increase to 53.

In Amhara, 38 health facilities were assessed and 25 (71 percent) were selected. Twelve additional facilities have great potential for PMTCT service provision because they have staff who can provide the services, they offer ANC services and have a sufficient client flow, and they are willing to support the PMTCT services. They were not chosen because of not fulfilling all the required criteria (ANC client flow, room for adherence etc.); however, with minor renovation of rooms for adherence counseling and ARV storage, those health facilities can begin to offer PMTCT, raising the number of participating facilities in Amhara from 25 to 37.

In SNNP, 20 health facilities were assessed and 12 (60 percent) selected. But the remaining facilities also have strong potential to provide the PMTCT services: all have a professional who can provide the services after training, they already offer ANC services and HCT, and above all they are willing to support the PMTCT service provision. Therefore, with minimal efforts, they might qualify in a later round of expansion.

In Addis Ababa, 13 facilities were assessed and seven (58 percent) selected. Out of the remaining 6, still 3 facilities might be enrolled in the future because they have adequate manpower, and offer ANC and HCT services.

In Tigray, all 10 facilities assessed were selected and enrolled for PMTCT support.

In Harari Region and Dire Dawa City Administration, the seven facilities assessed fulfill the criteria for PMTCT services expansion but are supported by other partners (ESOG) and so PHSP enrolled only two NGO clinics not already supported for PMTCT service support.

4.2 RECOMMENDATIONS

Out of the total facilities assessed for PMTCT site expansion, only 97 were selected having fulfilled the selection criteria; the remaining were not selected. However a total of 34 facilities (i.e., 12 from

Oromia, 12 from Amhara, seven from SNNP and three from Addis Ababa) have potential for participating in the future if they can make relatively simple improvements, for example, begin to offer HCT or do minor room renovations. Therefore, we recommend that their RHBs work with them to make the improvements that would allow them to qualify for PMTCT service expansion.

ANNEX: FACILITY CHARACTERISTICS FOR PMTCT SELECTION BY REGION, JULY 2012

No	Name of facilities	Region	Appropriate professionals available	ANC services /client	HCT services	Room for adherence counseling	Willing to support PMTCT	Storage to support ARV drugs	Selected for PMTCT site
1	Abyssinia Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
2	Adaba Medium Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
3	Addis Hiwot HC	Oromia	Y	Y	Y	N	Y	Y	N
4	Addis Medium Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
5	Ado Catholic Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
6	Africa Poly Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
7	Ambo Poly Clinic	Oromia	Y	N	N	N	Y	Y	N
8	Andinet Medium Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
9	Arya Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
10	Asella Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	Y
11	Awash Higher Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
12	Babile Medium Clinic	Oromia	Y	N	N	N	Y	N	N
13	Bako Mekaneyesus Health Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
14	Bati Medical Center	Oromia	Y	N	N	N	Y	Y	N
15	Batu Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
16	Baty H.Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y

17	Bedessa Medium Clinic	Oromia	Y	N	Y	N	Y	Y	N
18	Birhan Medium Clinic	Oromia	Y	N	N	Y	Y	Y	N
19	Care H.Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
20	Challi Higher Clinic	Oromia	Y	Y	Y	N	Y	Y	N
21	Dadinios	Oromia	Y	Y	N	Y	Y	N	Y
22	Dembel Higher Clinic	Oromia	Y	N	Y	N	Y	Y	N
23	Dodola Med Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
24	Dr. Abebe Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
25	Dr. Addisu Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	Y
26	Dr. Aseffa Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	N
27	Dr. Ashebir MCH Clinic	Oromia	Y	Y	N	Y	Y	N	Y
28	Dr. Bekele Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	N
29	Dr. Beri Medical Center	Oromia	Y	Y	Y	Y	Y	Y	Y
30	Dr. Gizaw Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	Y
31	Dr. Hailu Abay MC	Oromia	Y	N	N	N	Y	Y	N
32	Dukem Medium Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
33	Edom Medium Clinic	Oromia	Y	N	Y	Y	Y	Y	N
34	Eman Poly Clinic	Oromia	Y	N	N	N	Y	Y	N
35	Emar Poly Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
36	Ethio Africa Higher Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
37	Ethio Tannery Workplace	Oromia	Y	Y	Y	Y	Y	Y	N
38	Feya Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	N
39	Geda Medium Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
40	Global Medium Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
41	Holeta Higher Clinic	Oromia	Y	Y	Y	N	Y	Y	Y

42	Hora Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
43	Hora Medium Clinic	Oromia	Y	Y	Y	N	Y	Y	N
44	Jaja Medium Clinic	Oromia	Y	N	N	N	Y	Y	N
45	Jara Higher Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
46	Jimma Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
47	Karo Catholic Clinic	Oromia	Y	Y	Y	N	Y	Y	N
48	Kulubi St. Gabriel Medium	Oromia	Y	N	Y	N	Y	Y	Y
49	Maya Higher Clinic	Oromia	Y	N	N	Y	Y	Y	N
50	Medewelabo	Oromia	Y	Y	N	Y	Y	Y	Y
51	Medewolabu Specialized Su	Oromia	Y	Y	Y	Y	Y	Y	Y
52	Medhanealem Higher Clinic	Oromia	Y	N	N	Y	N	Y	N
53	Muger Cement Enterprise	Oromia	Y	Y	N	Y	Y	Y	Y
54	National Higher Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
55	Nekemt Red Cross	Oromia	Y	Y	Y	N	Y	Y	Y
56	Nekemte Mekaneyesus Health	Oromia	Y	Y	Y	Y	Y	Y	Y
57	Noh Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	N
58	Nurselam Medium Clinic	Oromia	Y	N	N	N	Y	N	N
59	Poly H.Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
60	Rohbot	Oromia	Y	Y	N	Y	Y	Y	Y
61	Rohobot	Oromia	Y	Y	Y	Y	Y	Y	Y
62	Sako Catholic Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
63	Sama Senbet Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
64	Sarson Special Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
65	Selam Higher Clinic	Oromia	Y	N	N	Y	Y	Y	Y
66	Selfia	Oromia	Y	Y	N	Y	Y	Y	Y

67	Shashemene Catholic Church	Oromia	Y	Y	N	Y	Y	Y	Y
68	Tedla Medium Clinic	Oromia	Y	N	Y	Y	Y	Y	Y
69	Temkinel Afiya Medium Clinic	Oromia	Y	N	Y	N	Y	Y	N
70	Tesfa Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	N
71	Tropical Higher Clinic	Oromia	Y	N	Y	Y	Y	Y	Y
72	Tulu Demtu	Oromia	Y	Y	N	Y	Y	Y	Y
73	Universal Higher Clinic	Oromia	Y	Y	Y	Y	Y	Y	Y
74	Universal Medium Clinic	Oromia	Y	Y	Y	N	Y	Y	Y
75	Western Synod Boji Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
76	Western Synod Nejo Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
77	Zodiac Higher Clinic	Oromia	Y	Y	N	Y	Y	Y	Y
78	Addis Hiwot Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	N
79	Adinas Higher Clinic	Amhara	Y	Y	Y	N	Y	N	Y
80	Afraha Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	Y
81	Africa Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
82	Arsema Higher Clinic	Amhara	Y	Y	N	Y	Y	N	Y
83	Atlas Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
84	Ayehu Lower clinic	Amhara	Y	Y	Y	Y	Y	N	Y
85	Bekele Higher Clinic	Amhara	Y	Y	N	N	Y	Y	Y
86	Betel Medium clinic	Amhara	Y	Y	N	Y	Y	Y	Y
87	Catholic Higher Clinic	Amhara	Y	Y	N	Y	Y	Y	Y
88	Dr Burhan Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
89	Dr Mihiretu Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	N
90	Dr Sualih Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
91	Dr.Abera Medium Clinic	Amhara	Y	Y	Y	Y	Y	N	Y

92	Eshetu Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
93	Ethio Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	N
94	Firdos Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	Y
95	Hayat Medium clinic	Amhara	Y	Y	Y	N	Y	N	Y
96	Hayat Medium Clinic/Dessie/	Amhara	Y	Y	Y	Y	Y	Y	Y
97	Hayat Medium Clinic/Kombolcha/	Amhara	Y	Y	Y	N	Y	Y	Y
98	Hiwot Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	N
99	Ibex General hospital	Amhara	Y	N	Y	Y	Y	N	Y
100	Jerusalem higher clinic	Amhara	Y	Y	Y	-	Y	Y	Y
101	Kombolcha Textile Share Company	Amhara	Y	Y	N	Y	Y	Y	Y
102	Lideta Midiumclinic	Amhara	Y	Y	Y	Y	Y	N	Y
103	Logo Hayk Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	N
104	Mahilet Medium Clinic	Amhara	N	Y	Y	N	Y	Y	N
105	Mekdela higher Clinic	Amhara	Y	Y	Y	Y	Y	N	Y
106	Mersa Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
107	Mersa Abagetye Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	N
108	Meseret Higher Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
109	Sadya Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	N
110	Shalom Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	N
111	Shoa Poly Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
112	St Gebriel Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	N
113	Teferi Matasebia Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	Y
114	Woldya Medium Clinic	Amhara	Y	Y	N	Y	Y	Y	N
115	Yewondye Medium Clinic	Amhara	Y	Y	Y	Y	Y	Y	N
116	Abinet Medium Clinic	SNNP	Y	Y	Y	N	Y	Y	N

I 17	Adugna Medium Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 18	Ajora Higher Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 19	Alkeso poly Clinic	SNNP	Y	Y	Y	Y	Y	Y	N
I 20	Betel Higher Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 21	Christian Hospital	SNNP	Y	Y	Y	Y	Y	Y	Y
I 22	Dr Girma Poly Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 23	Enyat Medium Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 24	FGA	SNNP	Y	Y	Y	Y	Y	Y	Y
I 25	Gelila Higher Clinic	SNNP	Y	Y	Y	Y	Y	Y	N
I 26	Kibir Leenat Poly clinic	SNNP	Y	Y	N	N	Y	Y	N
I 27	Myo My Brother MC	SNNP	Y	Y	Y	Y	Y	Y	N
I 28	Merry Joy	SNNP	Y	Y	Y	Y	Y	Y	Y
I 29	Nur Medium clinic	SNNP	Y	Y	Y	Y	Y	Y	N
I 30	OSSA Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 31	Projecto Continente Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 32	Selam Higher Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 33	Semer Medium clinic	SNNP	Y	Y	Y	Y	Y	Y	N
I 34	SOS Clinic	SNNP	Y	Y	Y	Y	Y	Y	Y
I 35	Wako Tikur Wuha Clinic	SNNP	Y	Y	Y	Y	Y	Y	N
I 36	St George Catholic Health Center	Addis Ababa	Y	Y	Y	Y	Y	Y	Y
I 37	Global Infantile Medium Clinic	Addis Ababa	Y	N	N	NA	Y	NA	N
I 38	Selam Children's Higher Clinic	Addis Ababa	Y	N	Y	Y	Y	Y	Y
I 39	Alemtena Higher Clinic	Addis Ababa	Y	Y	Y	Y	Y	Y	Y
I 40	SOS Medium Clinic	Addis Ababa	Y	Y	Y	Y	Y	Y	Y
I 41	Aba Woldetensay Medium Clinic	Addis Ababa	Y	Y	Y	Y	Y	Y	Y

I42	Bete zata Higher Clinic	Addis Ababa	Y	Y	Y	Y	Y	Y	N
I43	Brook Medical Center	Addis Ababa	Y	Y	Y	Y	Y	Y	Y
I44	Shedoha health Center	Addis Ababa	Y	Y	Y	Y	Y	Y	Y
I45	St Mary health Center	Addis Ababa	Y	Y	Y	Y	Y	Y	N
I46	Zake Higher Clinic	Addis Ababa	Y	Y	Y	Y	Y	Y	N
I47	Megenaga Higher Clinic	Addis Ababa	Not ready	Not ready	Not ready	Not ready	Not ready	Not ready	N
I48	Atlas Higher Clinic	Addis Ababa	Not ready	Not ready	Not ready	Not ready	Not ready	Not ready	N
I49	Midre Genet Higher Clinic	Tigray	Y	Y	Y	Y	Y	Y	Y
I50	Shire MCH	Tigray	Y	Y	Y	Y	Y	N	Y
I51	Senay Higher Clinic	Tigray	Y	Y	Y	Y	Y	Y	Y
I52	Menharya Clinic	Tigray	Y	Y	Y	N	Y	Y	Y
I53	Selam Higher clinic	Tigray	Y	Y	Y	Y	Y	Y	Y
I54	Ethiopia Higher Clinic	Tigray	Y	Y	Y	Y	Y	Y	Y
I55	Romanat Higher Clinic	Tigray	Y	Y	Y	Y	Y	Y	Y
I56	Betelihim higher Clinic	Tigray	Y	Y	Y	Y	Y	Y	Y
I57	Kalkidan Hospital	Tigray	N	Y	Y	Y	Y	Y	Y
I58	Kaleb Higher Clinic	Tigray	Y	Y	Y	Y	Y	N	Y
I59	Art General Hospital	Dire Dawa	Y	Y	Y	Y	Y	Y	Y
I60	Bilale Hospital	Dire Dawa	Y	Y	Y	Y	Y	Y	Y
I61	FGA medium Clinic	Dire Dawa	Y	Y	Y	Y	Y	Y	Y
I62	Yemariame Worqe Hospital	Dire Dawa	Y	Y	Y	N	Y	Y	Y
I63	Yimage Medical Center	Harari	N	Y	Y	Y	Y	Y	Y
I64	Harar General Hospital	Harari	Y	Y	Y	N	Y	Y	Y

